



REQUEST FOR EVENT SUPPORT

Name of Event: _____

Type of Event: _____
(i.e. Parade, Speech, etc)

Date: _____ Time: _____ Duration: _____

Location: _____

Type of Support Requested: _____
(i.e. Defense Department speaker, military speaker, etc)

Estimated Number in Audience: _____

Audience Type: _____
(i.e. school children, chamber of commerce, etc)

Comments: _____

Event Point of Contact: _____

Telephone: _____ Fax: _____

Email: _____

Please return your completed form using one of the following methods:

Mail the form to:

Operation Tribute to Freedom
Attn: CPT Robert Kuster
2530 Jefferson Davis Highway
Taylor Building, Room 11S10
Arlington, VA 22202

Fax the form to:

Operation Tribute to Freedom
Attn: CPT Robert Kuster at (703) 602-4656

E-mail the form to:

robert.kuster@hqda.army.mil